

**IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE: Barbara Jennings,  
  
DEBTOR.

CASE NO. 19-53917-SMS  
  
CHAPTER 13

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**MOTION TO APPROVE SETTLEMENT AGREEMENT, COMPENSATION OF  
SPECIAL COUNSEL, AND DISBURSEMENT OF FUNDS**

**COMES NOW**, Barbara Jennings, Debtor, in the above-styled case, and files this Motion to Approve Settlement Agreement, Compensation of Special Counsel, and Disbursement of Funds and respectfully shows this Court the following:

1. This Court has jurisdiction in this matter pursuant to 28 U.S.C. Section 1334, 28 U.S.C. Section 151, and 28 U.S.C. Section 157.
2. This Court is the proper venue for this matter pursuant to 28 U.S.C. Section 1409.
3. This matter is a core proceeding within the contemplation of 28 U.S.C. Section 157.
4. Debtor filed for a voluntary petition for relief under Chapter 13 of Title 11 of the United States Code on March 11, 2019 and is eligible for relief under 11 U.S.C. Section 109.
5. On November 20, 2018, Debtor retained the services of John T. Ruff, Esq., c/o Kenneth S. Nugent, P.C. to counsel Debtor with a personal injury claim. On January 4, 2021, Debtor's Counsel on behalf of Debtor filed an Application to Employ John T. Ruff, Esq., c/o Kenneth S. Nugent, P.C. as special counsel (Doc. No. 38). An Order Approving Application to Employ Special Counsel was entered on January 6, 2021 (Doc. No. 39).
6. As to the personal injury claim, by and through Debtor's Special counsel, the parties have reached a settlement agreement and request that this Court approve the settlement disbursement as follows (See "Exhibit A"). The total amount of the agreed upon settlement/total recovery is \$17,500.00. After all disbursements to medical claims, Attorney Fees/Costs paid, the remaining settlement proceeds in the amount of \$3,681.78 is payable to the Debtor.
7. The relevant qualifications of Special Counsel are in the Affidavit of Special Counsel filed on January 4, 2021.

WHEREFORE Debtor prays:

- (a) That this Court approve the personal injury claim of \$17,500.00 as described herein;
- (b) That this Court approve the compensation to Special Counsel for attorney's fees;

- (c) That this Court approve the reimbursement to Special Counsel for expenses for the prosecution of the case;
- (d) That this Court approve the disbursement of medical expense by Special Counsel;
- (e) That this Court approve the disbursement to pay the balance of proceeds to the Debtor in the amount of \$3,681.78;
- (f) That this Court grants such further relief as it may deem just and proper.

This 3<sup>rd</sup> day of February, 2022.

Respectfully submitted,

Honsalek Law, LLC  
414 Pine Grove Ave.  
Grayson, GA 30017  
Phone: 404-913-6992  
Email: brandon@honsalek.com

/s/ Brandon K. Honsalek  
Brandon K. Honsalek  
Georgia Bar No. 742962  
*Attorney for Debtor(s)*

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**NOTICE OF HEARING**

**PLEASE TAKE NOTICE** that the above-named Debtors have filed a **Motion to Approve Settlement Agreement, Compensation of Special Counsel and Disbursement of Funds** and related papers with the Court seeking an order **Approving Settlement Agreement, Compensation of Special Counsel and Disbursement of Funds**.

**PLEASE TAKE FURTHER NOTICE** that the Court will hold an initial telephonic hearing for announcements on the **Motion to Approve Settlement Agreement, Compensation of Special Counsel and Disbursement of Funds** at the following number: **toll-free number: 1-833-568-8864; access code 161 179 4270; at 10:00 A.M. on March 1, 2022 in Courtroom 1201**, U. S. Courthouse, 75 Ted Turner Drive, S.W., Atlanta, Georgia 30303.

Matters that need to be heard further by the Court may be heard by telephone, by video conference, or in person, either on the date set forth above or on some other day, all as determined by the Court in connection with this initial telephonic hearing. Please review the “Hearing Information” tab on the judge’s webpage, which can be found under the “Dial-in and Virtual Bankruptcy Hearing Information” link at the top of the webpage for this Court, [www.ganb.uscourts.gov](http://www.ganb.uscourts.gov) for more information.

Your rights may be affected by the court’s ruling on these pleadings. You should read these pleadings carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.) If you do not want the court to grant the relief sought in these pleadings or if you want the court to consider your views, then you and/or your attorney must attend the hearing. You may also file a written response to the pleading with the Clerk at the address stated below, but you are not required to do so. If you file a written response, you must attach a certificate stating when, how and on whom (including addresses) you served the response. Mail or deliver your response so that it is received by the Clerk at least two business days before the hearing. The address of the Clerk's Office is Clerk, U. S. Bankruptcy Court, Suite 1340, 75 Ted Turner Drive, Atlanta Georgia 30303. You must also mail a copy of your response to the undersigned at the address stated below.

This the 3<sup>rd</sup> day of February, 2022.

Honsalek Law, LLC  
414 Pine Grove Ave.  
Grayson, GA 30017  
Phone: 404-913-6992  
Email: brandon@honsalek.com

/s/ Brandon K. Honsalek  
Brandon K. Honsalek  
Georgia Bar No. 742962  
*Attorney for Debtor(s)*

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**CERTIFICATE OF SERVICE**

I hereby certify that I have electronically filed the foregoing **MOTION TO APPROVE SETTLEMENT AGREEMENT, COMPENSATION OF SPECIAL COUNSEL, AND DISBURSEMENT OF FUNDS** using the Bankruptcy Court's Electronic Case Filing program, which sends a notice of this document and an accompanying link to this document to the parties who have appeared in this case under the Bankruptcy Court's Electronic Case Filing program.

I further certify that I have this day mailed a true and correct copy of the **MOTION TO APPROVE SETTLEMENT AGREEMENT, COMPENSATION OF SPECIAL COUNSEL, AND DISBURSEMENT OF FUNDS** by placing the same in a properly addressed envelope with sufficient postage to ensure delivery and depositing the same in the United States Mail, addressed to:

K. Edward Safir, Chapter 13 Trustee  
*Via CM/ECF*

Barbara Jennings, Debtor  
3720 Montrose Pond Walk  
Duluth, GA 30096  
*Via First Class U.S. Mail*

John T. Ruff, Esq.  
Kenneth S. Nugent, P.C.  
Attorney at Law  
1355 Peachtree Street, NE  
Suite 100  
Atlanta, GA 30309  
*Via First Class U.S. Mail*

Office of the United States Trustee  
362 Richard Russell Bldg.  
75 Ted Turner Drive., SW  
Atlanta, GA 30303  
*Via First Class U.S. Mail*

This 3<sup>rd</sup> day of February, 2022.

Honsalek Law, LLC  
414 Pine Grove Ave.  
Grayson, GA 30017  
Phone: 404-913-6992  
Email: brandon@honsalek.com

Respectfully submitted,

/s/ Brandon K. Honsalek  
Brandon K. Honsalek  
Georgia Bar No. 742962  
*Attorney for Debtor*

1026538 / Jennings, Ms. Barbara separated, location of husband unknown

**Settlement Memorandum****Recovery:**

|     |                      |                    |
|-----|----------------------|--------------------|
| SET | Nationwide Insurance | \$ 17,500.00       |
|     |                      | <hr/> \$ 17,500.00 |

**DEDUCT AND RETAIN TO PAY:****Kenneth S. Nugent, P.C.**

|                                  |             |
|----------------------------------|-------------|
| Attorneys' fees                  | \$ 7,000.00 |
| ChartSwap - Case Expense         | \$ 33.88    |
| ChartSwap - Case Expense         | \$ 25.88    |
| City of Duluth Police Department | \$ 5.47     |
| HIM Quality Solutions, Inc       | \$ 26.85    |
| HIM Quality Solutions, Inc.      | \$ 63.54    |
| PACER - Bankruptcy Search        | \$ 0.10     |
| Postage - Certified Mail         | \$ 5.70     |
| Postage - Certified Mail         | \$ 15.00    |
| Postage - Certified Mail         | \$ 10.80    |

**Total due Kenneth S. Nugent, P.C.**

\$ 7,187.22

**DEDUCT AND RETAIN TO PAY TO OTHERS:**

|   |             |
|---|-------------|
| Gwinnett County Fire & Emergency Services | \$ 361.81   |
| Gwinnett Emergency Specialists, PC        | \$ 224.84   |
| North Metro Radiology Associates          | \$ 145.49   |
| The Rawlings Company                      | \$ 1,578.86 |
| World Wide Wellness****                   | \$ 4,320.00 |

**Total due Others**\$ 6,631.00

|                         |                     |
|-------------------------|---------------------|
| <b>Total Deductions</b> | <u>\$ 13,818.22</u> |
|-------------------------|---------------------|

|                                   |             |
|-----------------------------------|-------------|
| <b>Total Amount Due To Client</b> | \$ 3,681.78 |
|-----------------------------------|-------------|

|                                       |                |
|---------------------------------------|----------------|
| <b>Less Previously Paid To Client</b> | <u>\$ 0.00</u> |
|---------------------------------------|----------------|

|                              |                           |
|------------------------------|---------------------------|
| <b>Net Amount Due Client</b> | <u><b>\$ 3,681.78</b></u> |
|------------------------------|---------------------------|

By executing this document, I understand that I am giving Kenneth S. Nugent, P.C. the authority to settle my claim under the terms as outlined above. I understand that this settlement agreement is enforceable under law at the time that I sign this agreement, and that I cannot back out of this settlement or renegotiate it. I have also executed the attached POWER OF ATTORNEY and addendum and give Kenneth S. Nugent P.C. the authority to sign the insurance draft and deposit the draft in the Firm's escrow account.

I understand that this document is subject to change by my Bankruptcy attorneys.

I hereby approve the above settlement and distribution of proceeds for the accident date of 11/20/2018

Date: 7/14/2021

Name: Barbara Jennings  
(Jul 14, 2021 16:15 EDT)

BARBARA JENNINGS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Spouse's Signature**



## **ADDENDUM TO SETTLEMENT MEMORANDUM**

1. I have provided my Attorney with all pertinent information regarding the facts of my case, my medical treatment, my medical condition, and my medical bills.
2. I have provided my Attorney with all known information about applicable liability, medical payments coverage (MP), uninsured motorist (UM) and underinsured motorist (UIM) automobile insurance policies in effect on the date of loss (DOL) for my personal, business, resident relatives and other vehicles.
3. I understand that there may be unknown applicable excess liability, medical payments coverage (MP), uninsured motorist (UM) and underinsured motorist (UIM) automobile policies that were in effect on the date of loss (DOL); regardless, I accept and approve the settlement as full and final.
4. I have accepted this settlement based upon my own knowledge of my past, present, and future medical condition and the representations of my treating health care providers regarding same.
5. I understand that settlement of my claim and/or lawsuit includes settlement of ANY and ALL claims, known or unknown, or hereafter becoming known, arising from the incident forming the basis of my claim and/or lawsuit.
6. I acknowledge that I know that I could have rejected the settlement and chosen to litigate my claim and that it was my voluntary decision to settle rather than litigate my claim.
7. I acknowledge that I have accepted this settlement of my own volition, freely and without pressure from my Attorney.
8. I acknowledge that I have had full access to my Attorney throughout his/her representation of me and that my Attorney represented me in a competent, comprehensive and professional manner.
9. I understand that my health insurance, Medpay, Medicaid, Medicare, Tricare or workers compensation may seek reimbursement, in accordance with state or federal laws, for payments made on my behalf. I understand that I am solely responsible for reimbursing any valid and legally enforceable reimbursement claim from my share of the settlement proceeds. I further agree to indemnify, hold harmless and release the Firm from any such claim.
10. The bills listed in the Settlement Memorandum under "DEDUCT AND RETAIN TO PAY TO OTHERS" represent all of my outstanding accident-related medical bills that will be paid from the settlement proceeds. I have reviewed the Settlement Memorandum carefully and understand that I will be responsible for any bills and/or balances not listed on the Settlement Memorandum, whether known or unknown.
11. In the event my Attorney is able to obtain additional settlement proceeds upon acceptance of the offer, I authorize him/her to take the contracted fee on the total amount he/she obtains.

Jul 14, 2021

\_\_\_\_\_  
**Date**

*Barbara Jennings*

\_\_\_\_\_  
Barbara Jennings (Jul 14, 2021 16:15 EDT)

**Client's Signature of Acceptance**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's Signature if Married**